St. Bartholomew's Hospital Journal.

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NOTICE.

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St. Bartholomew's Hospital Journal,

JUNE 14th, 1895.

"Æquam memento rebus in arduis
Servare mentem."—*Horace,* Book ii, Ode iii.

AT last the new club ground has been formally opened, and the Clubs, having taken it over as tenants of the School Committee, are no longer without a habitation. There is not the least doubt but that its selection has been extremely fortunate in many respects. Amongst the visitors on Saturday, comments on the natural beauty of its surroundings as well as on the excellence of the pavilion were heard on every side, and not a few old Bart.'s men were heard regretting that things had not been the same in their time.

Truly the contrast is very marked when one calls to mind a small room over the stables of a "Pub." at Balham, where our Rugby teams used to dress; we fancy it was the worst dressing-room round London, and the ground was quite in keeping with the dressing accommodation. In those days home matches were at a discount, and every effort was made to arrange as many out-matches as possible. Now we can invite teams to play us on our own ground, and know that both the ground and dressing-rooms are as good as the best, and better than most, in London's neighbourhood.

In addition to these advantages, there is the extreme probability that the possession of so good a ground will materially improve the play of our different teams.

The temptation to go down and practise cricket or tennis is much greater when one can keep one's things in one's own locker in the pavilion, when one can be sure of getting decent refreshments, and, above all, when one is "at home." Several men have expressed their intention of taking rooms for the summer near the ground, in order to make the fullest use of its advantages; we question whether they would often reach the nine o'clock lectures, but the idea of a colony of Bart.'s men living at Winchmore Hill is very tempting.

We understand that the members of this season's cricket teams are very regular in their attendance, and we hope they may be rewarded by winning the cup they played so well for last year.

The dinner which was held in the evening in celebration of the opening of the ground was well attended, and went off exceedingly well with much enthusiasm. Glad as we were to see so many old Bart.'s men present, their numbers were not nearly so great as we had hoped they would be. We trust that future dinners will attract them more effectually. Perhaps, however, they are reserving themselves for the Decennial Dinners. The dates of the dinners of the Seventh and Eighth Decennial Clubs are given in "Notes," but it may be worth while to emphasise here the importance of every old Bart.'s man becoming a member of his Decennial Club. The Eighth Contemporary Decennial Club is now being formed, and includes all men who entered the Hospital between October, 1885, and October, 1895, and who have since become qualified. Men who have not already become members should do so at once by writing to either of the secretaries, Dr. Kanthack and Mr. Waring. The entrance fee is half a crown.

It is only by belonging to a club of this nature that one can keep in touch with the men of one's own time, and these dinners are always the occasion of many pleasant reminiscences.

Apart from this, however, it is the duty of every old Bart.'s man purely on the ground of *esprit de corps* to join his

Decennial Club, and we trust there will be few delinquents when the Eighth Club holds its first meeting at the Café Royale on July 12th.

We would urge, too, another duty upon Bart.'s men. The attendance at the Hospital Sports, which took place on June 7th, is characterised by our correspondent as "absurd." We think he takes too light a view of it; it is disgraceful that so few men should interest themselves in the winning of a shield that is more at home in Bart.'s than in any other Hospital. The Inter-Hospital sports are arranged for June 19th. We trust that all who can possibly manage to do so will be present on this occasion to encourage our representatives, so that they may once more bring back the shield to Bart.'s. Sickness, we hear, is playing havoc with our chances, but we are confident that those who represent us will do their best, and we heartily wish them success.

Notes on Aseptic Surgery.

By C. B. LOCKWOOD, F.R.C.S.,
Assistant Surgeon to the Hospital.

(*Continued from page* 117.)

THE most discordant statements are made about the properties of chemicals which are in everyday use. Therefore I only propose to refer briefly to mercuric perchloride and mercuric biniodide, to carbolic acid, and to iodoform. It will be seen that although these are probably the best we have, nevertheless they are all most inefficacious disinfectants, but fair antiseptics.

Perchloride of mercury.—Koch gave an impulse to the use of mercuric perchloride. Writing in 1885, he said that it destroys the most resistent organisms in a few minutes by a single application of a highly dilute solution (1 to 1000, or even 1 to 5000). With longer exposure it only begins to be unreliable when diluted beyond 1 to 20,000. Most of his experiments were done with anthrax spores or earth spores. Indeed, according to Koch, three parts of sublimate in a million parts of water arrests the development of anthrax bacilli, but does not kill them.* But later researches have shaken our faith in sublimate.

According to Warrikoff† and others, Koch greatly underestimated the resistance of anthrax bacilli and of anthrax spores.

Koch experimented with anthrax threads which were soaked in the sublimate solution, and then washed with water or alcohol. It is likely, therefore, that enough of the chemical was left to mar the result. Geppert,‡ whose papers are very valuable, got rid of all the sublimate from his threads by dipping them, as I have already described, in a solution of sulphide of ammonium. He began by ascertaining that one part of sublimate in one thousand parts of water *seemed* to kill anthrax spores in three minutes if no sulphide of ammonium was used; the spores did not germinate when placed upon culture media. But this was only an apparent death, because when all the sublimate was removed with sulphide of ammonium, Geppert found that the spores were in reality alive, even after having been exposed to one in one thousand sublimate for twenty minutes, and in some cases, in truth, after twenty-four hours. One per cent. solution of sublimate did not come well out of Geppert's tests. Spores still grew after six to twelve minutes' exposure to that strength. Moreover the spores were not robbed of their pathogenic properties after several hours' exposure. Nissen, by using Geppert's methods, found that spores were alive after four hours in a 1 per cent. solution of sublimate.

Dr. Kanthack* is accustomed to grow anthrax from threads soaked for four hours in a 1 in 1000 solution of perchloride of mercury, provided that all of the chemical is removed with ammonium sulphide.

Behring† states that anthrax spores killed mice after they had been thirty minutes in a solution of sublimate one part in one thousand. After four hours in the same strength of sublimate the spores were still alive, but had lost their virulence. A 1 per cent. solution of sublimate killed anthrax spores in twenty minutes.

We have already seen that a solution of one part of sublimate in one thousand parts of water, with the addition of 5 per cent. of hydrochloric acid, took thirty minutes to kill tetanus spores; without the acid the same solution took from three hours to three minutes; the variation being, perhaps, accounted for by the acknowledged difference which exists in the resisting powers of different samples of spores.

The experiments of Tarnier and Vignal‡ show that the susceptibility of *Staphylococcus aureus* to the action of solutions of mercuric perchloride and of carbolic acid is the same as that of *Streptococcus pyogenes*. A solution of 1 of sublimate to 1000 of water killed *aureus* in two minutes, but carbolic lotion 1 in 100 required from fifteen to seventeen minutes.

Von Lingelsheim says that one part of perchloride of mercury in two thousand five hundred parts of water took two hours to kill *Streptococcus pyogenes*. One part of carbolic acid in three hundred parts of water required the same time.

Christmas seems to have been more successful with *Staphylococcus aureus* by using a much larger proportion of sublimate.§

* New Sydenham Soc. trans., by Dr. Whitelegge, 1886, p. 513.
† Quoted by Cornil et Babes, *Les Bactéries*, tome i, p. 50.
‡ "Zur Lehre von den Antiseptics," *Berlin. klinische Wochensch.*, 1889, Nos. 36 and 37; also "Ueber Desinficirende Mittel und Methoden," loc. cit., 1890, p. 246, *et seq.*

* *Practical Bacteriology*, p. 128.
† Page 46.
‡ Tarnier and Vignal, *Archives de Médecine expérimentale et d'Anatomie pathologique*, July, 1890.
§ "Sur quelques Mélanges antiseptiques," *Annales de l'Institut Pasteur*, 1892, p. 279.

Gärtner and Flügge * seem to have had better results with non-spore-bearing anthrax bacilli and a number of pyogenic cocci and streptococci; one in one thousand sublimate solution seems to have killed these bacteria in eight seconds. But Gärtner and Flügge did not use sulphide of ammonium, and nothing is said about control experiments upon animals.

Flügge† claims that a solution of sublimate one in five thousand kills all spores in some hours; a solution one in one thousand does the same in a few minutes.

But although a 1 per cent. solution of sublimate takes so long to kill spores, yet a much smaller quantity seems enough to stop the growth of bacteria in various fluids. De la Croix found that the development of bacteria ceased in meat infusion when he added one part of sublimate to thirty thousand two hundred and eight parts of infusion.‡

Miquel§ prevented the development of bacteria in meat infusion by adding to it one part of sublimate to fourteen thousand three hundred parts.

Sublimate is a treacherous disinfectant and antiseptic, because, as Laplace‖ and others have shown, it combines with albumen to form an insoluble albuminate of mercury which is inert. Laplace thought that this was prevented by the addition of tartaric acid to the solution of the mercuric salt. His prescription was 1 part of sublimate, 5 parts of tartaric acid, and 1000 parts of water. Behring,¶ however, found that this solution took ten minutes to kill staphylococci and streptococci in the presence of serum-albumen. He also says that it did not mix well with pus, although it disinfected some which contained *aureus* and streptococci in fifteen minutes.

Dr. Abbott** agrees with Henle that sublimate combines chemically with the bacteria, and therefore that a given quantity of the drug can only kill a given number of bacteria. If albumen is present, the bichloride combines with it instead of combining with the bacteria, and thus becomes quite useless. Abbott found that in watery solutions *Staphylococcus aureus* was rapidly killed by 1—1000 sublimate, although solutions in broth were only killed with extreme difficulty and after many minutes. Much depended upon the purity of the drug.

Mr. Percy Evans,†† who experimented upon *aureus* in broth, also got most uncertain results with sublimate. The bacteria were only killed when the drug had been added to the broth in the proportion of 1 to 150, and then it took a quarter of an hour to act. However, it inhibited the growth of *aureus* when in the proportion of 1 to 50,000.

Various other attempts have been made to prevent sublimate combining with albumen, and thus becoming inert. Sir Joseph Lister used to recommend a sero-sublimate which was made by mixing sublimate with the serum of horses' blood. Of late this has been replaced with *sal-alembroth.* This is a double chloride of mercury and ammonium—an ammonio-mercuric chloride. It is made by mixing solutions of sublimate and chloride of ammonium together and evaporating. Every three parts contain two parts of sublimate. It is a powerful disinfectant, and does not combine with albumen so quickly as pure sublimate. It is, however, in my experience excessively irritating when in contact with the skin or tissues for any length of time. The blue alembroth gauze contains one per cent. of sal-alembroth and the blue wool two per cent., which readily explains their evil effects upon the skin.

Solutions of sublimate in water often become cloudy, owing to the formation of a precipitate which is said by Angerer* and Meyer† to be an oxychloride. Doubtless this milkiness detracts from the efficacy of the solution, but its occurrence is said to be prevented by the addition of common salt in a proportion equal to or double that of the sublimate. Tartaric acid is supposed to have the same effect. Mr. Parsons, our apothecary, has with great kindness told me how to prepare solutions of perchloride of mercury, biniodide of mercury, and of carbolic acid. His directions will be found practical and economical, especially where quantities are required. In the dispensary a stock solution of perchloride of mercury in glycerine is kept for making solutions of different strengths. The stock solution is made by reducing one part of pure perchloride to a fine powder, which is then triturated in a mortar with twelve parts of glycerine. Next, this mixture is put in a water-bath at a temperature of 180° F., and stirred with a glass rod until all the perchloride is dissolved. If the heat be continued after this the solution becomes turbid, and deposits on cooling. A deposit also forms if the chemicals are impure, or if metal utensils are used. To make perchloride of mercury lotion a given quantity of the glycerine solution is added to distilled water. Tap water generally becomes cloudy for the reasons which have just been mentioned.

For midwifery purposes powders of perchloride of mercury are made by mixing together one part of perchloride of mercury, five parts of dried tartaric acid, and one part of cochineal. The colouring matter is merely to make the powers distinctive. For private practice Angerer's tabloids of sublimate and chloride of sodium are very convenient.

* Quoted by Flügge, loc. cit., p. 667.
† P. 670.
‡ Flügge, p. 657, *et seq.*
§ Flügge, loc. cit., p. 652.
‖ *Deutsche Medicinische Wochenschrift,* 1887, No. 40, p. 866.
¶ Behring, "Ueber Quecksilbersublimat in eiweisshaltigen Füssigkeiten," *Centralblatt für Bacteriologie und Parasitenkunde,* Band iii, 1888, pp. 27 and 64.
** "Corrosive Sublimate as a Disinfectant against the *Staphylococcus pyogenes-aureus,*" *Johns Hopkins Hospital Bulletin,* vol. ii, No. 12, April, 1891.
†† "Experiments on some Antiseptics and Disinfectants," *Guy's Hospital Reports,* vol. xlvii, 1890, p. 195, *et seq.*

* "Bemerkungen über die Herstellung antiseptischen Sublimatlösungen," Prof. O. Angerer, *Centralblatt für Chirurgie,* 1887, p. 121.
† "Versuche über die Haltbarkeit von Sublimatlösungen," *Centralblatt für Chirurgie,* 1887, p. 448.

One of them added to a pint of water dissolves at once, and gives a solution of one part in one thousand.

It is clear from the above that sublimate has many disadvantages.

Biniodide of mercury.—Many of the objections to it can be met by using biniodide of mercury, and during the last two or three years I have used it instead of the perchloride, because it seems to have the following advantages. First, it does not seem to combine with albumen. At all events, no visible combination takes place. When a wound is washed with a one and one thousand solution, it does not acquire that pickled appearance which carbolic acid and sublimate impart, but looks the same as if it had merely been washed with water. Moreover, when biniodide lotion is mixed with blood, no precipitation occurs. The mixture does not become opaque with coagulated albumen, but remains clear and translucent, except when the blood is in excess. For this reason the sisters and nurses prefer the biniodide lotion for rinsing the soiled sponges. The non-coagulation of albumen also makes the biniodide of mercury a safer disinfectant and antiseptic for a variety of purposes, especially for washing out septic cavities. When such a one is irrigated with sublimate, a quantity of albuminate of mercury is of necessity left behind. This source of danger does not occur with biniodide. For similar reasons the penetrating powers of biniodide are probably greater than those of sublimate or of carbolic acid. The albuminous compounds which these chemicals form is a barrier against the further action of the drug.

The biniodide was used more than twenty years ago by Panas. Its use has been warmly advocated by Illingworth and others. Sternberg's investigations give it a decided superiority.* Illingworth† says that Woodhead has conclusively proved its greater efficiency. It is also claimed for biniodide that it is less poisonous than the perchloride of mercury. This may be because, as I have said, after a wound or cavity has been washed with biniodide, a quantity of albuminate of mercury does not remain behind.

Various antiseptics are being continually tested by Dr. Kanthack in our laboratory, and from time to time I have seen the results. Dr. Kanthack admits that the biniodide is the most efficient disinfectant he has tried.‡ It has almost twice the germicidal value of sublimate. Miquel also gives biniodide of mercury an antiseptic value which is twice as great as sublimate.§ I have had much better results in the disinfection of the skin since I began to use it, and wounds have certainly done better.

Solutions of biniodide of mercury are very easy to prepare. The red powder may be bought of the chemist. It is insoluble in water, but soluble in the presence of rather more than an equal quantity of iodide of potassium or of iodide of sodium. Therefore, to make a lotion, the biniodide is shaken up with distilled water, and rather more than an equal weight of iodide of potassium or of iodide of sodium is added. It is advantageous to add a little more iodide if hard water is used instead of distilled water; in any case an excess of the iodide can do no harm. If no biniodide powder is at hand, a lotion is easily made by taking a one in one thousand solution of sublimate and adding iodide of potassium or of sodium to it. At first the red iodide is precipitated, but this is quickly dissolved by the iodide, and a clear watery solution is the result. It is convenient to keep a stock solution of one part of biniodide in fifty parts of distilled water. For private practice the small soloids or lozenges of biniodide are useful. It is important to see that these are made of a convenient size, so that one soloid makes, say, a pint of lotion, the strength of which is one in one thousand. Also the soloids ought to dissolve at once in tepid water. Some of the lozenges which are sold are quite untrustworthy on account of their insolubility.

I now use biniodide throughout the operation for rinsing out the sponges, for the occasional flushing of the wound, and for the continuous bathing of the hands of the operator and of his assistant. All of these have, of course, been previously disinfected in the way I shall describe, and the biniodide is used as an antiseptic. For this purpose it is most efficient.

(*To be continued.*)

* Loc. cit., p. 185.
† *Medical Times and Hospital Gazette*, 1894, p. 65.
‡ *Practical Bacteriology*, p. 128.
§ Quoted by Sternberg, p. 184.

Notes on Paralyses of the Upper Extremity.

By H. LEWIS JONES, M.D.,
Medical Officer in charge of the Electrical Department.

(*Continued from page* 102.)

The nerve-trunks of the arm and forearm.—The musculo-spiral, the median, and the ulnar nerves are often injured in their course in the arm and forearm. The usual causes are pressure, including pressure from bandages or splints too tightly applied, incised wounds, implication in callus or scar tissue, and contusions. Pressure palsies affect more especially the musculo-spiral in the upper arm; while the ulnar and median suffer more particularly from incised wounds, and in the forearm. Paralysis from the pressure of splints and bandages is sufficiently common to be of importance; and though fortunately it is not usual for injury produced in this way to cause permanent harm, yet sometimes it does do so. I have notes of a case in which the ulnar muscles were almost totally atrophied as the result of bandaging, and I have seen quite a considerable number of cases in which there was little or no doubt that bandaging had been the cause of paralysis. Thus in one patient who received an incised wound involving the median and ulnar trunks it was

found, when the wound had healed, that he had developed a paralysis of the musculo-spiral as well.

I have little doubt that this is the explanation of some of the cases of so-called "reflex paralysis," in which the symptoms have come on unaccountably during the progress of treatment for an injury.

The musculo-spiral nerve.—Paralysis of the muscles supplied by this nerve is characterised by the presence of a wrist-drop; usually the extensors of the wrist and fingers and the supinator longus and brevis are involved; the triceps may either escape or may be involved according as the injury is high up in the arm or not.

Pressure palsies.—Musculo-spiral paralyses from pressure on the trunk of the nerve during sleep or from the use of crutches are extremely common, at least among hospital patients.

The usual history in the former group is that the patient having had too much to drink goes off into a heavy sleep, from which he awakes with his hand and forearm powerless. Often the patient has slept while sitting at a table with the head resting on the arm, or he has had the arm hanging over the back of a chair; in either case the musculo-spiral nerve-trunk has been pressed upon. Almost always the patient has been under the influence of alcohol, and has slept very soundly. Otherwise the discomfort felt in the arm would have been likely to awake him before the production of more than a transient paralysis. The predisposing effect of intemperance in causing neuritis is well shown in the following case:—A potman after sleeping for two or three hours developed a pressure palsy of his left musculo-spiral nerve. This got better, but in the following year he injured his ankle, and was obliged to use a crutch. This caused him to have another attack of musculo-spiral palsy before he had used the crutch more than ten days.

Slight degrees of temporary paralysis from pressure on a nerve-trunk during sleep are familiar to most persons. To notice a numbness or a feeling of pins and needles in one arm on awakening from sleep is not uncommon, especially among those who are not in vigorous health.

Paralysis from pressure has been thought to be secondary to compression of the blood-vessels of the limb, producing anæmia of the nerve; but if this were the case the paralysis should not be confined to the region of one particular nerve-trunk, as is the rule. It would rather be expected to involve chiefly the distal parts, irrespective of the nerve-supply, if it were due simply to anæmia of the limb from compression of the main artery.

A case which came under my observation some years ago of a pressure palsy in the leg shows that it is the nerve itself which suffers from compression. In that case the pressure was on the great sciatic nerve at the back of the thigh, and there could not have been any compression of the femoral artery. The patient was a young man who attended a meeting, and in order to have a better view of the proceedings he sat for an hour upon the back rail of his chair; at the close of the meeting he found his leg numb and helpless, and was assisted home. Two days later he came under observation. He had paralysis of all the muscles below the knee. He recovered in a fortnight under treatment by rubbing and the induction coil current.

Sleep palsies are almost always limited to the musculo-spiral nerve. The circumflex nerve or the upper roots (Erb's paralysis) may be affected when the patient has slept in a very awkward attitude.

In crutch palsy, too, it is usually the musculo-spiral nerve alone which is paralysed; but the circumflex nerve, or the ulnar or median may also be involved. Sleep palsies are always unilateral; crutch palsies may be double if two crutches are used.

The degree of impairment of sensation varies much; as a rule there is some complaint of numbness on the back of the forearm and hand, and some anæsthesia may be detected. The methods for testing cutaneous sensibility are not very good, and it is not easy to arrive at results without considerable trouble. Weak induction currents are useful for purposes of testing, but it is not possible to distinguish between analgesia and tactile anæsthesia by their means.

Pressure palsies vary considerably in severity. Those in which the electrical reactions are not much impaired may recover in ten days or a fortnight. When the reaction of degeneration is present the duration will be longer. Recovery can be confidently expected in uncomplicated cases, where the pressure has not lasted very long, and it is certainly promoted by electrical treatment. I have often seen improvement start at once on the commencement of electrical treatment, after weeks had been wasted in vain in the expectation of spontaneous recovery. It is probable, however, that even in these the paralysis would go away of itself in time, but this does not prove that electrical treatment is unnecessary.

When the pressure is due to the use of crutches they must either be given up, or if that is impossible the head of the crutch must be well padded; crutches which can be grasped by the hands are the best, for with them the patient can transfer part of his weight from the armpits to the wrists.

Lead palsy.—The other common affection of the musculo-spiral nerve is lead poisoning.

In wrist-drop from lead there is paralysis, with some wasting of the extensor muscles of the forearm. The extensors of the wrist suffer the most; then the common extensor of the fingers, and to a less degree the extensors of the thumb, index and little fingers.

The supinator longus generally escapes, whereas it is generally involved in paralysis from pressure on the trunk of the musculo-spiral nerve. Sensation is not impaired. In paralysis due to lead the reaction of degeneration is

usually present,—in fact, it is an early symptom, and may precede the paralysis. The partial reaction of degeneration also is often present in some of the affected muscles, and others may show only simple diminution to both forms of current. Erb has stated that from the long duration of lead paralysis, and the frequently occurring relapses, the condition of the electrical excitability may be considerably complicated. Treatment by electricity is of great value, and under it muscles which have lost their electrical irritability almost completely may be seen to recover, but treatment must be long continued to obtain good results. The value of the induction coil current in this disease must not be forgotten. Although more recent writers advise the constant current almost exclusively, the experiences of Duchenne long ago showed that something can be done by coil currents also. He writes that in lead palsy recovery will follow the treatment "almost always," even if the irritability to the induction coil current has completely disappeared from the muscles. His method was to use a strong current, with rapid interruptions, for ten minutes; the treatment should not be prolonged beyond that time lest fatigue and pain be produced.

To determine which of the extensors of the wrist are affected, the patient is told to raise the forearms and pronate them. If the muscles are all three of them paralysed there is then no power of extending the wrist at all. If the extensor carpi radialis brevior can act, extension of the wrist is possible when the fingers are first flexed. If only the extensor carpi radialis longior or the extensor carpi ulnaris can act, then slight extension is associated with a lateral movement to the side of the acting muscle. Although the supinator longus usually escapes in extensor paralysis due to lead, it may sometimes be implicated. The blue line on the gums which is characteristic of lead poisoning should always be looked for in cases of double wrist-drop; it may be absent, however, when there is every reason to believe that the paralysis is really due to lead.

The ulnar and median nerves.—These nerves are frequently divided at or near the wrist by incised wounds, a very large number of the cases being from cuts caused by broken glass. It is not uncommon for both nerves to be divided in one accident, and if the ends are not reunited when the wound is first dressed, serious impairment of the power of using the fingers is the result. After extensive paralysis of the whole upper limb from shoulder injuries, these nerves are generally the last to recover.

When the ulnar nerve has been completely divided near the wrist the symptoms produced are—1. Paralysis with wasting and the reaction of degeneration in the hypothenar eminence, in all the interossei, in the two ulnar lumbricales, and in the abductor and flexor brevis (inner head) of the thumb. After a time the deformity known as the "clawed hand" is produced. The palm becomes thin and flat, the heads of the metacarpal bones become unduly prominent, the proximal phalanges are over-extended, the distal phalanges are permanently flexed. This is the result of the paralysis of the interossei. The long flexors flex the distal phalanges only, and the long extensors extend the proximal phalanges only, while the interossei flex the proximal phalanges and extend the distal ones, and so supplement the movements of the fingers which are performed by the long flexors and extensors. When the interossei are paralysed, the unbalanced action of the long flexors and the long extensors of the fingers produces the deformity of a clawed hand. 2. There is loss of sensation in the little finger, and the ulnar half of the ring finger both front and back, and in the corresponding part of the palm and the dorsum of the hand. 3. Trophic changes are produced in the skin and finger-nails of the anæsthetic area, often with œdema; the temperature of the part is lowered, and sometimes there is very severe pain of a burning character, to which the name of "causalgia" has been given. This is not very common, nor is it usually present when the nerve has been completely divided. When it exists the temperature is raised above that of the opposite side, and the patient experiences a sensation of heat, and seeks for relief by cold applications.

After division of the median nerve at the wrist the conditions are different; the clawed hand which is so characteristic of the divided ulnar nerve is not present, and the chief feature is the wasting of the thenar eminence, and the everted or ape-like thumb, which lies with the nail facing dorsally, the abductor opponens and outer head of the flexor brevis of the thumb are paralysed, atrophied, and show the reaction of degeneration. The patient cannot put the tip of his thumb against the base of the little finger. There is loss of sensation in the thumb, index, middle, and half the ring fingers, and in the corresponding part of the palm, and of the distal phalanges of the same fingers on the dorsum of the hand.

Neuritis.—This occurs commonly in the upper limb as a cause of paralysis apart from accident or injury.

The clinical importance of neuritis is much more clearly recognised to-day than it was a few years ago, although Remak in 1860 wrote, "I am convinced that medical practitioners will soon recognise that neuritis is a pathological condition which occurs more frequently than is usually believed."

One of the most troublesome forms of neuritis is that which occurs in a part which has been the seat of suppurative inflammation; it is not uncommon after poisoned wounds of the hand. The crippled condition which is produced in these cases, though largely due to a matting together of the ligaments and tendons, presents also well-marked signs of neuritis. It is sometimes difficult to settle the question whether nerves may not have been divided in the incisions necessary for the evacuation of abscesses in these cases, and electrical testing is sometimes appealed to for an answer. As the neuritis is essentially one of the peripheral branches of

the nerves in the part affected, it is sometimes possible to obtain reactions which show that the main nerve-trunks are intact; for instance, in the case of the hand, the most frequent seat of this kind of neuritis, certain of the ulnar or median muscles may have suffered less than their neighbours, and by their reactions may show that the main nerve-trunks have not been divided. It is difficult to decide how far in these cases the neuritis is due to the inflammatory mischief, and how far to a secondary compression by cicatricial tissue; but a true neuritis is often present, and it may extend along the nerve-trunks beyond the area in which they are subject to compression.

Neuritis coming on in the course of some acute disease, or as a sequela thereto, is often the subject of electrical treatment. I have already referred to several cases of local neuritis of this kind,—for example, of the nerve to the serratus magnus, of the circumflex nerve, and of the fifth and sixth cervical roots (Erb's type), all coming on after typhoid fever. One patient after an attack of erysipelas suffered from pain in the shoulder and elbow of one side, supposed at first to be rheumatism, but which turned out to be a neuritis affecting the supra-scapular and circumflex nerves and the ulnar nerve. There was a good deal of pain, followed by complete paralysis and wasting, with the reaction of degeneration in the affected muscles. Under electrical treatment he recovered. In another case mentioned to me a gentleman had extreme wasting of one gluteal region after influenza.

True peripheral neuritis coming on without obvious cause, and sometimes attacking several members of a family in succession, is one of the most interesting subjects in the whole range of nervous diseases. The cases described by Tooth under the title of the "Peroneal Type of Muscular Atrophy," and those cases described by myself of symmetrical atrophy of the hands in young people, are almost certainly of this kind.*

Besides the seven cases which I then reported, I have been able to find in the earlier volumes of the Electrical Department case-books nine further cases which seem to have been of the same sort, mostly commencing at about the age of twenty; seven were in women, and in three both sides were affected. Probably a careful examination would have found bilateral disease in a greater number, for in one of my cases both sides were affected and showed the reaction of degeneration, although the patient declared that the affection was of one of her hands only.

Both the median and ulnar muscles of the hands are involved in these cases, though the muscles of the forearm supplied by the same nerves escape. The disease, therefore, if a neuritis, is essentially a "peripheral" one.

When the wasting of muscles in the hands has been marked, these cases seem to have been considered as examples of true "progressive muscular atrophy;" but this, in my opinion, is not the correct view to take. For the most part they are not progressive, and they may even recover wholly or partially. In their electrical reactions, too, they differ from the true progressive muscular atrophy described by Aran and Duchenne. It appears probable that these hand atrophies in young people are not very uncommon, and they form a group of cases which are thoroughly deserving of further study.

Another class of case, which is common, but, so far as I can learn, not very much studied, is that of the numbness and weakness of the hands complained of by middle-aged women. It is often regarded as being a transient "functional" nervous symptom associated with the menopause; but sometimes there is decided muscular atrophy, which suggests that further investigation is needed.

* *St. Bartholomew's Hospital Reports*, 1893.

Oxford and Modern Medicine.

By R. HARDING BREMRIDGE, B.A.

THE history of medical teaching in Oxford is inseparable from the history of the Oxford Science Schools, and with all the movements towards establishing science teaching on a firm basis, the name of Sir Henry Acland is most intimately associated. About sixty years ago Sir Benjamin Brodie was consulted by the father of the present Sir Henry Acland as to the best means of making his son a physician. "Send him to Oxford; let him pay no attention there to what is to be his future profession; let him have a thorough university education, as though you meant him to go into Parliament." This was the reply, and Sir Henry was accordingly sent to Oxford. At that time there was not a laboratory in the University. Some thirteen years later, after having studied at Athens and Rome, visited Carthage, Constantinople, Troy, and seen much of men and things, Sir Henry was in 1845 appointed the Lecture Reader in Anatomy. At this time Dr. Kidd was the Regius Professor of Medicine, and nominally the University Professor of Anatomy. The Lecture Readership he had resigned, because it was the only one which called for active duty. As pupils, Dr. Kidd had one from the University, an occasional medical apprentice from the town, and one or two members of the Colleges. An interesting account of the position of Dr. Kidd is to be found in the travels of Carus, the famous physician to the King of Saxony.

"We visited the *theatrum anatomicum*, the whole arrangement of which brought back the times of Vesal to my mind. Above the professor's table hung a human skeleton, and a figure showing the muscular conformation of the human subject, so that they could be let down and drawn up again by cords; the latter was that sort of preparation which Albin was celebrated for, and is such as to cause a feeling of disgust to an uninitiated spectator. All round the theatre behind the amphitheatrical seats of the audience were skulls and anatomical preparations, everything quite in the antique style. Professor Kidd, a good-natured old gentleman, quite corresponded with these ancient treasures."

This was the state of medical teaching at the time of Sir Henry's appointment. Two courses were open to him; either to resign, or else to attempt the task of establishing biological study in Oxford on a basis creditable to a national university. Encouraged by Alison and Goodsir he undertook the task, and during the first two years after his appointment began to form an anatomical and physiological series on the plan of the Hunterian Museum, then under the care of Richard Owen. Practical classes in histology and embryology were instituted, and had a great success. Such classes hardly existed at this time in the medical schools. Microscopes were personally imported from Paris and sold at a loss to the students.

In 1847 the British Association met at Oxford, and was the means of bringing men of scientific ability into friendly relation with the leaders of thought and action in the University. In the same year the question was raised of erecting an edifice in which might be deposited all the scattered scientific collections of the University, which

at that time were set out in rooms of dimensions inadequate to their proper display. In connection with such an edifice it was recommended that there should be one or more lecture rooms arranged in a manner suited to demonstrative lectures, and an apartment calculated to serve the purpose of a library and place for scientific meetings as occasion might require. The scheme lacked the support of Buckland, who refused his signature to the paper on the ground that the possibility of natural history making some progress in Oxford was utterly hopeless. Buckland came to this conclusion because natural history formed no part of the staple subjects of examination for degrees and Fellowships, and also because at that time it was detrimental to a candidate for a Fellowship to have given his attention to objects so alien from what was then thought to be the proper business of the University. The story of the growth of this edifice, recommended but rejected in 1847, is too tedious to be told. A bill brought into Parliament in 1848 for Medical Reform, was in great degree responsible for the action of the University. It was decided to make Oxford a place of most perfect preparation for the study of clinical work elsewhere. Eighty acres of ground were bought by the University, and an edifice known as the Museum was erected; the total expenditure in twenty years, from 1856 to 1876, over this undertaking amounting to more than £200,000. In this museum all the different departments of natural science are now represented, with one notable exception. The Botanical Gardens and Laboratories are on the banks of the Cherwell opposite Magdalen, and therefore some considerable distance away. A determined effort was made to have them removed, so as to complete the original project, but was unsuccessful owing to the opposition of Dr. Hooker, then Director of the Royal Gardens, Kew, and President of the Royal Society. The history of the Schools of Anatomy and Physiology is a short one. Previous to 1881, future students of medicine studied Literæ Humaniores, or else Biology in its widest meaning, under Professor Rolleston, the Linacre Professor of Physiology. Previous to Professor Rolleston this professorship, endowed in the reign of Henry VIII, had been held by a Fellow of Merton who did nothing for his money. Biology included a little morphology, a little physiology, human anatomy demonstrated from a pickled specimen, rabbit and frog dissection, &c. Amongst Professor Rolleston's pupils may be mentioned Dr. Church, Dr. Champneys, Dr. West, and Mr. Bruce Clarke. In addition Dr. Ormerod, Dr. Herringham, Dr. Garrod, Mr. d'Arcy Power, and Mr. Edgar Willett may be mentioned as Oxford men, though not pupils of Professor Rolleston.

On the death of Professor Rolleston in 1881 H. W. Moseley was appointed, and set to work to differentiate the teaching of those subjects over which he was to preside. Moseley taught modern Morphology, and was styled the Professor of Human and Comparative Anatomy. Physiology was to be taught by Professor Burdon Sanderson, who was appointed Professor of Physiology in November, 1882.

Long, however, before Rolleston's death the cry of early specialising had been heard; the duty of the University towards its students of medicine was not the teaching of biology on a broad philosophical basis. Her new Science Institute was to be turned into a purely professional school, to turn out money-making machines in the shortest possible time. One witness before the Royal Commission in 1879 suggested the establishment of a complete Medical School, with Professors of Medicine, Surgery, Hygiene, Obstetrics, Forensic Medicine, and so forth. Fortunately the suggestion was not adopted.

On Moseley's appointment, though he still retained the title Professor of Human Anatomy, the only evidence of his demonstration was the pickled body already mentioned. But the teaching of Human Anatomy was to begin in real earnest, though, to the amazement of lookers on, a lecturer in a subordinate position was appointed. A shed, a miserable structure, unworthy of the smallest provincial school, was allotted him in a yard. Here students performed individual dissections of the human body. The numbers of such students increasing, the University has now built worthy accommodation, and instituted a Professorial Chair of Human Anatomy. The Anatomical School, opened in 1894, is most compact and convenient. On the same floor are the Anatomical Museum, Dissecting Room, and Lecture Theatre. Opening out of the Museum is the Dissecting Room, so that carefully prepared specimens can readily be compared with the part in process of dissection.

In February, 1893, Burdon Sanderson obtained a grant of £130 for fittings and £1500 for apparatus, and, thus equipped, fitted out two rooms, now occupied by the Professor of Mineralogy, and began practical teaching. In June of the same year he applied for £10,000 to build a Department of Physiology. At once the Anti-vivisectionists rose in their wrath and might, and almost defeated his object. When it came to the voting, ninety-eight voted the money, ninety-five opposed the grant. The Laboratories took about two years building, and then the Professor moved into them. To make them more efficient Burdon Sanderson applied to the University for £500 for gas and heating, and £560 for fittings. With far-sighted and unusual intelligence the Anti-vivisectionists and "crank" party started an opposition. There was the building, it was true; they had been so far beaten, but they were determined the Professor of Physiology should have no gas or heating apparatus. Fortunately these obstructionists were defeated. It is a lamentable story that one of the greatest of Oxford's scholars was the centre of this childish obstruction.

The development of the Science Schools having been traced, it only remains now briefly to state the present position of the Oxford student of medicine.

He goes to Oxford, having usually passed Responsions before going up; and here it is well to state that in this examination a much greater knowledge of Classics is required than is generally believed. Amongst other things there is a "sight Latin prose" of three hours' duration, besides Greek and Latin Grammar. The standard is not scholarship, but "howlers" are not permitted in a successful candidate. Previous to 1885 Moderations was an essential. This is an examination of considerable classical requirements, and far more extensive and exacting than Responsions. Since 1885 Science men have been allowed, in lieu of Moderations, to take up an "Extra Subject." This is an examination in one of the following subjects:—(i) A portion of a Greek or Latin historical or philosophical author; (ii) a portion of a French or German historical or philosophical author; (iii) a portion of Bacon's *Novum Organum;* (iv) Elements of Logic, Deductive and Inductive. An examination in Holy Scripture is necessary unless there be some religious objection, in which case some Greek or Latin book must be offered in its place. The examination in Holy Scripture requires a knowledge of the (i) Greek text and subject-matter of one of the Synoptic Gospels and the Gospel according to St. John; (ii) the subject-matter of the Acts of the Apostles or an equivalent portion of the Old Testament. In addition to these examinations there are the preliminaries in Physics, Chemistry, Botany, and Morphology, each consisting of three hours' practical and three hours' paper. These are all generally passed by the end of the second year. In the third year men pass the first M.B., an examination in Human Anatomy, Human Physiology, Organic Chemistry, and Materia Medica. The fourth year is devoted to the final examination for the B.A. degree. At Oxford the B.A. examination requires one subject only. For students of Medicine this is generally Physiology. But although only one subject is required, a more extensive knowledge than can be obtained from text-books is necessary for a first class. It is almost an essential to be able to read German and French current scientific literature. The papers, of which there are four, contain eight questions each, but it is sufficient to answer three, or the most four. The answers to the questions chosen are expected to be of the nature of a discussion on difficult points, rather than an exposition of elementary detail. The Practical Examination is no less severe, and extends over two days. At the end of all this is a *vivâ voce*. It should be carefully borne in mind that everybody must pass all the preliminaries before being admitted to the final examination. In this way it is hoped that an appreciation of the unity of nature may be obtained from an elementary knowledge of all the chief branches of science, and a desire for original research aroused by a knowledge of the difficulties and vexed questions of that particular science chosen for the degree examination. The clinical teaching at Oxford is hardly worthy of consideration. The Radcliffe Infirmary is open, on payment of a fee, to students of Medicine, but the instruction is most informal. Some agitation was set on foot in 1889 to allot a certain number of beds to the Regius Professor of Medicine, but was unsuccessful. The Regius Professor of Medicine is therefore not a physician to the infirmary in virtue of his office, and it might happen that a newly appointed professor would have to wait many years before there was a vacancy on the staff. But from early times it has not, and is still not desired to make Oxford a complete Medical School, but rather a means of preparing men for clinical study elsewhere. The city is not large enough to afford sufficient cases for exhaustive clinical teaching. Such teaching is best obtained in a big city like London, and for that reason Oxford men connect themselves with the great hospitals of the metropolis after passing the first M.B. The second M.B. is a qualifying examination, and has nothing to distinguish it particularly from the examinations of other Universities for a similar degree. The doctorship is given for an approved dissertation.

It remains now to be seen whether this tendency of the University towards early specialising will be beneficial. Not many years ago it was quite the exception to devote any time previous to the attainment

of the B.A. degree to the study of those subjects required for the first M.B. It is now the exception for a man to spend four years in the study of purely philosophical science. Much of his time is spent in learning human anatomy, materia medica, and other more commercially useful subjects. Philosophical science must necessarily suffer, but it remains for the coming years to decide if the Oxford medical man of the future will continue to hold the high position in the profession that he has done in the past. No more auspicious testimony of the efficacy of Oxford training can be adduced than the extraordinary number of Oxford men now holding positions on the staffs of the great London hospitals; and when with this is taken into consideration the small number of Oxford medical men on the register, the result is most flattering to their teachers, and a lasting honour to the methods of the University which reared them.

Notes.

ONCE more we have the extreme pleasure of chronicling the gallantry of an old Bart.'s man—Surgeon-Captain Whitchurch. Some extracts from the diary kept by Dr. Robertson during the siege of Chitral speak for themselves. We reprint them from the *Englishman* of May 4th.

"March 4th, casualties.— . . . . Captain Baird was fearfully wounded. He was at first reported missing along with Surgeon-Captain Whitchurch, but was subsequently carried in by Dr. Whitchurch and a few Gurkhas under circumstances of most extraordinary gallantry. The little party came along the river bank, and, although it was being fired at the whole way, and lost nearly half of its original number, no single man attempted to leave his officers.

"Baird is dying, I fear. Characteristically he urged me not to forget Dr. Whitchurch, and has told me how Dr. Whitchurch had to charge the walls and small sangars on the road. On one occasion the party was surrounded, and must have been cut to pieces, Baird says, but for the splendid charge by Whitchurch, who lost four of his own men in hand-to-hand fighting, but he inflicted such loss on the enemy that they did not again come within reach of his bayonets.

"It is difficult to write temperately about Whitchurch; nearly all his party were wounded."

* * *

DR. THORNE-THORNE, C.B., F.R.S., has been appointed by the Queen to be for five years a member of the General Medical Council, in the place of Sir John Simon, K.C.B., resigned.

* * *

PRESENTATION DAY at the University of London passed off with its usual ceremonies on May 15th. Only fourteen Bart.'s men turned up to receive their degrees, and fourteen were so indifferent as to absent themselves. Amongst those presented were W. G. Willoughby, M.D. (State Medicine), W. McA. Eccles, M.S. (Gold Medal), and W. E. Lee, M.B. (Scholarship and Gold Medal in Obstetric Medicine).

* * *

WE ARE PLEASED to note that the Hospital Authorities, in creating the new office of "Pathologist to the Hospital," have recognised the importance of bacteriological investigations in the diagnosis and treatment of disease. The new officer is appointed to conduct pathological inquiries in connection with the diagnosis and treatment of the patients, and his office is quite distinct from that of "Demonstrator of Morbid Anatomy," whose duties are to conduct the post-mortem examinations. It is a matter for congratulation that the new office will be filled by one so competent as our Lecturer on Pathology, Dr. Kanthack.

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THE BRACKENBURY SURGICAL SCHOLARSHIP has been awarded to L. Giles; W. G. Clark is *proxime accessit.*

* * *

THE BRACKENBURY MEDICAL SCHOLARSHIP has been awarded to Sinclair Gillies.

* * *

THE WIX PRIZE for the best essay on the Life and Works of Thomas Sydenham has been awarded to C. C. I. Turnbull; G. A. Auden is *proxime accessit.*

* * *

THE LAWRENCE SCHOLARSHIP AND GOLD MEDAL have been awarded to J. K. Murphy.

* * *

WE are glad to notice that Frederick H. Carter, M.D., F.R.C.S., of Putney, an old Bart.'s man, won the Mackenzie Challenge Cup at the recent spring meeting of the London Scottish Golf Club on Wimbledon Common on May 18th. Score 94 — 12 = 82.

* * *

THE ANNUAL SUMMER CONCERT given by the members of the Junior Staff and of the Musical Society will take place in the Great Hall of the Hospital on Tuesday evening, June 25th, at 8 o'clock *punctually*. The programme will commence with a humorous cantata composed by George Fox, entitled "The Jackdaw of Rheims." Past members of the Junior Staff who wish to be present and have not yet received tickets are requested to communicate with one of the Hon. Secs., Mr. H. J. Paterson and Mr. R. Sevestre.

* * *

WE wish again to draw the attention of Secretaries to the importance of sending in the reports of their Clubs by the 1st of the month. At present they seem to think that the printing of the JOURNAL occupies about twelve hours. Great inconvenience and sometimes delay in the issue of the JOURNAL results from this carelessness.

* * *

WE are asked to state that the second session of the International Congress of Gynæcology and Obstetric Medicine will take place at Geneva in the first fortnight in September, 1896. By an error several of the medical journals have announced this session for 1895.

* * *

THE Committee of the Gloucestershire County Cricket Club have resolved that a dinner to Dr. W. G. Grace, to celebrate his one hundredth "century" in First Class

Cricket, shall be given on Monday, June 24th. The Duke of Beaufort will take the chair.

* * *

WE understand also that steps are being taken by the Gloucester County Committee to get up a national testimonial to Dr. Grace.

* * *

AT last light is to be thrown upon the doings of the "Lady Medicals." The *Magazine of the London School of Medicine for Women and Royal Free Hospital* is a neat little periodical, which began life a few weeks ago, and is to appear three times in the year.

Though the last addition to the ranks of Hospital Journalism, its general style and the quality of its matter entitle it to a place in order of merit which is certainly not the last.

The "feminine touch" is easily recognised in many places: the editors would not, we are sure, wish otherwise.

In it we read of tennis, tugs of war, cycling clubs, and swimming clubs, and again we wonder to our editorial selves, "How long will it be before the Athletic Shield goes to the Royal Free?"

* * *

AN index and title-page for Vol. I of the JOURNAL are in course of preparation. A cover, in which the JOURNAL can be bound, is also being designed, and will be ready before the publication of our next issue.

* * *

THE number of members of the Amalgamated Clubs now exceeds 500.

* * *

THE SEVENTH DECENNIAL CONTEMPORARY CLUB will hold its Annual Dinner on July 3rd.

* * *

THE EIGHTH DECENNIAL CONTEMPORARY CLUB, which is now being formed, will hold its Inaugural Dinner at the Café Royale on July 12th.

Men who joined the Hospital between October, 1885, and October, 1895, and who have since become qualified, are eligible for membership, and should without delay communicate with the Secretaries, Dr. Kanthack and Mr. Waring.

* * *

AN Inter-Hospital Boxing Competition has recently been held, but owing to the extremely short notice given to us, none of our men were able to compete.

Abernethian Society.

THE Mid-Sessional Address of the Abernethian Society will be delivered on June 20th by Dr. Thorne-Thorne, on "Some Difficulties in the Isolation of Infectious Diseases."

Amalgamated Clubs.

NEW MEMBERS.

R. Armitage.	W. H. Carson.	P. W. Brigstocke.
F. J. C. Jeffcock.	W. H. F. Oxley.	W. E. Sargant.
C. R. Keed.	J. J. Blagden.	L. L. Allen.
J. H. Carson.	F. A. H. Clarke.	M. L. Hepburn.
R. P. Wilson.	E. B. D. Adams.	G. E. French.
E. W. Cross.	E. P. du Heaume.	E. G. B. Adams.
W. E. Lee.	A. H. Beadles.	W. F. Cross.
L. F. Marks.	P. E. Adams.	G. R. McClintock.

CRICKET CLUB.

The season is now well advanced, yet we are not able to record a single victory. This must not be put down to any weakness in the team, as they have shown themselves to be, in batting at any rate, considerably stronger than that of last year. Up to the present time the 1st XI has played seven matches, of which two have been lost and the rest drawn. The two defeats were sustained right at the beginning of the season, before the team had become settled. The first defeat was against R. I. E. C., Cooper's Hill, which was played on May 4th, before any of the men had had a bat in their hands. The second was against the M.C.C. and Ground, who, with a very good team, were too good for us so early in the season. Of the other five matches it is not too much to say we should have pulled off four, had there been more time. In the case of the Southgate and Hornsey matches, which were both half-day matches, and therefore time was necessarily curtailed, our opponents made matters worse by turning up late. With regard to the Crystal Palace match, high scoring was the cause of the game being left unfinished, and the team may be congratulated upon a very good performance.

As anticipated, the bowling is the weak spot in the team, although the fielding in one or two matches has been very slack.

The 2nd XI have so far done splendidly, and have proved themselves to be very strong all round. They have played six matches; lost one, drawn one, and won four. The defeat was from Barnet on Saturday, May 18th, when we were playing three matches, so that the 2nd XI had to be split up.

We are drawn against University College Hospital in the second round of the Inter-Hospital Cup Ties, and the match will be played at Honor Oak Park (Guy's Hospital ground) on Monday, June 17th.

ST. BART.'S *v.* ST. JOHN'S SCHOOL, LEATHERHEAD.

Played at Leatherhead on Saturday, May 11th, and ended in a draw, the Hospital wanting twenty-five runs to win with one wicket to fall.

The School won the toss, and were not dismissed till their score reached 159. The feature of the innings was the very nice batting of Harvey, whose play on the off side was very clean. St. Bartholomew's did not show up well, no one doing anything brilliant, and the light was very bad towards the end.

SCORES.

ST. JOHN'S SCHOOL.		ST. BARTHOLOMEW'S HOSPITAL.	
W. H. Ormsby, b Rose	0	H. Bond, b R. H. Williams	14
N. W. A. Edwards, c and b Randolph	22	E. G. Simmonds, c Harvey, b Williams	12
R. H. Williams, b Rose	10	W. H. Randolph, b Harvey	30
S. E. Osborne, b Rose	19	J. A. Willett, c and b Smith	2
A. H. Hodson, b Randolph	23	J. M. Collyns, c Ward, b Smith	20
V. G. Ward, b Bond	3	J. W. Nunn, b Smith	8
E. H. Robertson, c Amsden, b Randolph	4	E. F. Rose, b Hodson	8
H. L. Harvey, not out	44	F. H. Nimmo, not out	20
S. Mainprice, b Randolph	11	W. Amsden, b Hodson	0
A. C. Brown, b Willett	14	H. J. Godwin, b Smith	0
R. Marle, b Willett	0	A. H. Bostock, b Hodson	3
F. M. W. Smith, b Rose	0	C. H. Turner, not out	1
Extras	19	Extras	17
Total	159	Total (10 wkts.)	135

ST. BART.'S *v.* SOUTHGATE.

Played at Southgate on Saturday, May 18th, and left drawn. Owing to the late arrival of our opponents a very late start was made. Bond won the toss and went in with Simmonds. Things went badly with Bart.'s at first, as at 31 three wickets had fallen. However, when Greaves joined Bond a good stand was made, both batting con-

fidently and well. Sixty-two runs were put on for the fourth wicket, when Greaves was run out. At 131 for eight wickets the innings was declared closed.

Southgate began batting at twenty minutes to five, but with the exception of Smith could do nothing with the bowling of Pank and Rose, and at call of time had lost seven wickets for 71 runs.

Rose bowled extremely well, his four wickets costing 30 runs, whilst Pank took three wickets for 31 runs.

SCORES.

ST. BARTHOLOMEW'S HOSPITAL.		SOUTHGATE.	
H. Bond, b Ewart	47	E. P. Sugden, b Pank	7
E. G. Simmonds, c Ewart, b Boome	3	L. W. Smith, not out	36
W. H. Randolph, b A. L. Kemp	2	A. S. Harris, c Bond, b Rose	7
E. F. Rose, l b w, b Kemp	8	A. L. Kemp, b Rose	2
H. S. Greaves, run out	29	C. E. Wallace, c Bostock, b Rose	0
F. H. Nimmo, c and b Harris	13	E. H. Boome, b Pank	0
A. E. Jeaffreson, not out	8	A. Ricketts, c Irons, b Pank	7
J. A. Willett, c Kemp, b Harris	6	C. J. Ewart, b Randolph	3
J. W. Nunn, c and b Boome	4	J. P. Irons, W. Ricketts, R. A. Maude } did not bat.	
H. W. Pank, not out	5		
A. H. Bostock, did not bat.			
Extras	7	Extras	7
Total	131	Total (7 wickets)	71

ST. BARTHOLOMEW'S HOSPITAL *v.* HORNSEY.

Played at Winchmore Hill on Saturday, May 25th, and left drawn. Hornsey won the toss, and commenced batting with B. A. Clarke and B. F. Furniss, to the bowling of E. F. Rose and Pank. Furniss was caught at point in the first over, and the total was only 23 at the fall of the fourth wicket. D. Nimmo and Brewer then made a stand, and later on S. L. Clarke hit finely, carrying out his bat for 47. The total reached 139.

With only two hours to bat, Bart.'s went in without the intention of hitting off the runs; but as when time was called we were within 23 runs of our opponents' score, with seven wickets to fall, it appears that it might have been done after all.

Bond and Simmonds put on 43 for the first wicket, and later on Jeaffreson and Randolph batted with confidence, so that at time the total was 116 for four wickets.

SCORES.

ST. BART.'S.		HORNSEY.	
H. Bond, c Brewer, b Clarke	22	B. A. Clarke, b Pank	14
E. G. Simmonds, b Clarke	10	B. F. Furniss, c Bond, b Rose	0
A. E. Jeaffreson, c Collingridge, b King	21	F. Orton, c Bond, b Rose	4
W. H. Randolph, not out	28	R. H. King, b Pank	4
E. F. Rose, b S. L. Clarke	8	D. Nimmo, c Simmonds, b Rose	11
H. S. Greaves, not out	6	W. J. E. Brewer, b Bond	37
J. A. Willett, F. H. Nimmo, J. W. Nunn, J. M. Collyns, H. W. Pank, A. H. Bostock } did not bat.		C. W. Talbot, c Greaves, b Randolph	1
		S. L. Clarke, not out	47
		G. Hart, b Pank	1
		F. T. Church, b Rose	0
		H. Collingridge, c Greaves, b Rose	0
		S. L. King, b Pank	0
Extras	21	Extras	20
Total	116	Total	139

PAST *v.* PRESENT.

The above match was played on our ground on Saturday, June 8th, on the occasion of the formal opening of the new ground. Bond having lost the toss, the Hospital took the field soon after 11 a.m., Newington and Andrew opening to the bowling of Rose and Pank. The start was most disastrous for the Past, for with the score at 4 Rose clean bowled Newington with a Yorker. Fernie followed, but only to see Andrew bowled by Pank one run later. Disasters did not end here for the Past, for with the score at 13, Fernie was taken at the wicket. On Cobbold joining Heasman a better complexion was put on the game, Heasman soon getting to work, while Cobbold was contented to play a quiet game; after making 12 he was taken at wicket, letting in Whiteford, which resulted in the best stand of the innings. Both batsmen scored freely, especially Heasman, who hit splendidly all round the wicket. With the score at 70 lunch was taken, the pair being still together. After rather a long interval play was resumed, Heasman quickly setting to work again, making some beautiful cuts off Pank. The score was carried to 130 before Whiteford was sent back for a useful 29. Wickets now fell fast till Carson came in, when another useful stand was made, Heasman now forcing the game to get his century, which he accomplished with a fine on-drive into the refreshment tent. Carson soon after was bowled for a useful 18, and Wynter falling another victim to the wicket-keeper. Heasman was left to carry out his bat for a grand 130, which included twenty fours; he gave two chances, one to Greaves in long-field, and another to Rose in the slips which ought to have been accepted. Pank has a good analysis of 8 wickets for 90, and Maturin helped to dispose of five batsmen.

Hospital started with Bond and Jeaffreson, only 7 had been knocked when Jeaffreson returned one to Cobbold letting in Greaves. With addition of but 2 more, Bond was badly run out by Greaves. Rose followed, and immediately started with a four off Cobbold, but after getting 11 put one back to Whiteford. Randolph was bowled first ball by a beauty from Cobbold, which pitched on off stump and took leg bail, and a few runs later Greaves was caught by Heasman for a useful 21. Simmonds and Willett then got together and made affairs more lively, Simmonds amongst other hits sending Cobbold right over the boundary. Both were still not out at drawing of stumps, Simmonds not out 36, Willett not out 20, the partnership having realised 49 runs.

FULL SCORES.

PAST.		PRESENT.	
C. W. H. Newington, b Rose	3	H. Bond, run out	7
F. W. Andrew, c Nunn, b Pank	1	A. E. Jeaffreson, c and b Cobbold	0
J. F. Fernie, b Pank	5	H. S. Greaves, c Heasman, b Fernie	21
W. G. Heasman, not out	130	E. F. Rose, c and b Andrew	11
C. S. W. Cobbold, c Maturin, b Pank	12	W. H. Randolph, b Cobbold	0
H. Whiteford, c Maturin, b Pank	29	E. G. Simmonds, not out	36
W. Malden, b Pank	0	J. A. Willett, not out	20
J. A. M. Rigge, b Pank	0	J. W. Nunn, F. H. Nimmo, G. W. Stone, F. H. Maturin, H. W. Pank } did not bat.	
J. F. Steedman, c Maturin, b Pank	13		
H. Calvert, c Maturin, b Pank	0		
W. H. Carson, b Willett	18		
E. S. Wynter, c Maturin, b Willett	1		
Extras	24	Extras	4
Total	236	Total	99

ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Rose	23	3	49	1
Pank	29	3	90	8
Randolph	3	0	15	0
Bond	9	0	33	0
Willett	11	2	29	2

LAWN TENNIS CLUB.

Our season so far has been a fairly successful, or, at any rate, satisfactory one. We have played ten 1st team matches, winning four and losing four, the remaining two being drawn owing to want of time. Three 2nd team matches have also been played, one being won and two lost. Taking into consideration the fact that most of the clubs have been what slangy people term "class," and that our captain, Bousfield, and Waterhouse, also one of last year's team, have been prevented by injury from playing, we certainly might have come off much worse. Shewell, a player of considerable Cambridge reputation, has been a great acquisition to the Club, but with this exception we have not succeeded in unearthing much fresh talent. The following is a short account of the matches played:

May 4th.—*v.* Putney, at Putney. St. Bart.'s won by 5 matches to 4.
J. C. Padwick and J. Martin won 3 matches.
H. Shewell and R. F. Baird won 2 and lost 1 match.
P. Wood and F. E. Price lost 3 matches.

May 8th.—*v.* Albemarle (2nd team), at Beckenham. St. Bart.'s lost by 4 matches to 5.
P. Wood and F. E. Price won 2 matches and lost 1.
G. F. Bull and T. L. Wyndham won 2 matches and lost 1.
W. Wrangham and C. V. Knight lost 3 matches.

May 11th.—*v.* Surbiton, at Surbiton. St. Bart.'s lost by 4 matches to 5.

H. Shewell and R. F. Baird won 2 matches and lost 1.
T. Martin and P. Christopherson won 1 and lost 2 matches.
P. Wood and F. E. Price won 1 and lost 2 matches.

May 18th.—*v.* Putney, at Putney. St. Bart.'s lost by 4 matches to 5. This was a very close and interesting match, but our opponents had a slightly stronger team than when we met a fortnight previously. With Bousfield we should almost certainly have won.

H. Shewell and R. F. Baird won 2 matches and lost 1.
R. Waterhouse and A. Woollcombe won 1 match and lost 2.
P. Wood and F. E. Price won 1 match and lost 2.

May 18th.—*v.* Albemarle (2nd teams), at Winchmore Hill. St. Bart.'s lost by 2 matches to 7.

May 22nd.—*v.* Hornsey, at Hornsey. St. Bart.'s won by 5 matches to 1.

J. C. Padwick and R. Waterhouse won 2 matches.
A. Woollcombe and P. Wood won 2 matches.
S. Hey and G. V. Bull won 1 and lost 1.

May 23rd—*v.* Winchmore Hill, at Winchmore Hill. Drawn. Each side won 4 matches.

H. Shewell and R. F. Baird won 2 and lost 1 match.
R. Waterhouse and A. Woollcombe won 1 and lost 1 (1 unfinished).
P. Wood and F. E. Price won 1 and lost 2 matches.

May 25th.—*v.* Iceni, at Upper Clapton. St. Bart.'s won by 11 matches to 2.

R. F. Baird, A. Woollcombe, F. E. Price, and S. Hey, all won both their single and double matches.

May 29.—*v.* Albemarle, at Beckenham. St. Bart.'s lost by 2 matches to 7. This was a defeat which was almost a victory, as in both the matches last year this very strong club beat us 9 matches to 0!

H. Shewell and R. F. Baird won 2 matches and lost 1.
J. C. Padwick and H. A. Andrews lost 3 matches.
P. Wood and F. E. Price lost 3 matches.

May 30th.—*v.* Walthamstow, at Walthamstow. (St. Bart.'s 2nd team.) Won by 6 matches to 3.

P. Wood and F. E. Price won 3 matches.
S. Hey and G. V. Bull won 2 and lost 1.
P. Christopherson and C. Turnbull won 1 and lost 2 matches.

June 1st.—*v.* Harold, at Winchmore Hill. St. Bart.'s won by 6 matches to 3.

H. Shewell and R. F. Baird won 3 matches.
P. Wood and F. E. Price won 3 matches.
S. Hey and G. V. Bull lost 3 matches.

June 5th.—*v.* Forest Gate, at Forest Gate. St. Bart.'s lost by 3 matches to 6.

F. E. Price and J. W. Nunn won both their single and double matches.
V. Bell and R. F. Baird
J. C. Padwick and T. Martin } lost both single and double.

June 8th.—St. Bart.'s, Past *v.* Present. This match was unfortunately drawn owing to the players having to leave for the dinner, the Past having won 4 matches to 3 at the time of closing.

R. Baird and A. Woollcombe—
beat Rolleston and Miles, 6—1, 6—2;
lost to Williams and Powell, 9—7, 2—6, 2—6;
and Weir and Hayward, unplayed.

J. C. Padwick and T. Martin—
lost to Rolleston and Miles, 6—8, 6—8;
beat Weir and Hayward, 6—3, 6—3;
and Williams and Powell, unplayed.

P. Wood and F. E. Price—
lost to Williams and Powell, 2—6, 3—6;
lost to Weir and Hayward, 3—6, 3—6;
beat Rolleston and Miles, 1—6, 6—2, 6—4.

The Inter-Hospital Cup ties take place on June 17th, 18th, and 20th, at Chiswick Park. The draw is as follows:

Bye University
St. Bart.'s / London
St. Thomas's / Guy's
Bye St. George's

SWIMMING CLUB.

CAPTAINCY RACE.—(10 lengths = 300 yards.)

At the Fitzroy Baths on May 16th, W. F. Bennett won by two lengths from W. J. Codrington; W. R. Stowe was third. Time, 4 min. 42 sec.

WATER POLO MATCH (St. Bartholomew's Hospital *v.* Tadpole S.C.).

Played at Kensington Baths on May 29th. Bennett scored for the Hospital soon after the start, but the Tadpoles equalised before half-time. In the second half the Tadpoles scored three more goals, and won by four to one.

Team.—T. C. L. Jones, goal; F. G. Richards, G. Jones, backs; W. R. Stowe, half-back; W. J. Codrington, W. F. Bennett, F. R. Weaver, forwards.

ASSOCIATION FOOTBALL CLUB.

The Annual General Meeting of the above Club for selecting Officers for the ensuing season was held in the Smoking Room on Monday, May 28th. W. H. Jessop, Esq., F.R.C.S., took the chair, and a large number of members was present.

I. J. F. Fernie proposed, and C. G. Watson seconded—"That officers for the ensuing season be selected by last year's Committee and playing members of the Club (*i. e.* members who have played for the Hospital at least three times)."

This was carried unanimously.

II. R. P. Brown proposed, and J. F. Fernie seconded—"That the bye-laws of the Club be suspended, and that this rule be brought into force at this meeting."

This was carried unanimously.

The following Officers were then selected for season 1895-6:

President.—W. H. Jessop, Esq., F.R.C.S.
Captain 1st team.—R. P. Brown.
Captain 2nd team.—R. Waterhouse.
Secretary.—L. E. Whitaker.
Assistant Secretary.—C. G. Watson.
Vice-Captain 1st team.—E. W. Woodbridge.
Committee.—J. F. Fernie, H. J. Pickering, C. H. Hopkins, E. H. B. Fox, A. Hay, C. A. Robinson, W. Wrangham, J. A. Willett, T. H. Talbot, first year's man (to be selected).

A vote of thanks to the Chairman ended the meeting.

St. Bartholomew's Hospital Smoking Concert Club.

AT the General Meeting held Friday, May 31st, the following gentlemen were elected officers of the Club for the season—May 1st, 1895, to May 1st, 1896:

President.—Howard Marsh, Esq., F.R.C.S.
Vice-President.—P. Furnivall, Esq., F.R.C.S.
Chairman.—Mr. P. O. Andrew.
Vice-Chairmen.—Mr. D. L. E. Bolton, Mr. F. W. Gale.
Treasurer.—Mr. J. C. Padwick.
Committee.—Messrs. W. N. Barron, J. K. Birdseye, H. J. Godwin, P. W. James, C. G. Meade, T. Martin, J. W. Nunn, A. N. Wilde.
Hon. Secretaries.—Messrs. W. R. Stowe, J. C. Powell.

The Opening of the Amalgamated Clubs Ground at Winchmore Hill.

ON Saturday, June 8th, the new ground at Winchmore Hill was formally opened by the Treasurer of the Hospital, Sir Trevor Lawrence. Lady Lawrence had kindly consented to open the ground, but unfortunately she was confined to the house by ill-health.

A special train took to Winchmore Hill a large number of past and present Bart.'s men, together with their friends. The fair sex was well represented.

A marquee had been erected on the ground, and in it refreshments were supplied during the afternoon.

At half past two the visitors collected in front of the Pavilion, where Dr. Shore (President of the Amalgamated Clubs) explained briefly the process by which the amalgamation of the different clubs in the Hospital had led ultimately to the possession of a ground and the erection of a pavilion. Dr. Shore then asked Sir Trevor Lawrence to declare the ground open.

Sir TREVOR expressed his regret that Lady Lawrence was prevented from performing so pleasing a duty. He congratulated the students on the possession of so excellent a recreation ground and such a thoroughly serviceable pavilion, and hoped that it would improve still further the honorable position which the Hospital already held in the athletic world. He spoke of the value of athletic training, and attributed much of the success of the British nation to its influence. He then hauled up the flag of the Amalgamated Clubs amidst enthusiastic cheering, and declared the ground open.

Dr. CHURCH proposed a vote of thanks to Sir Trevor, which was heartily carried, and the visitors separated to watch the Past *v.* Present Cricket and Tennis matches, which were then recommenced.

In another column we give a report of both the Cricket and Tennis matches.

All the expenses, including refreshments, in connection with the opening ceremony, were borne by the Medical School.

The weather fortunately was all that one could wish, and all seemed to enjoy themselves. The ground, surrounded as it is by a thick belt of trees, is naturally picturesque, but the gay dresses of the visitors sitting in the abundant shade beneath the trees produced a general effect which was extremely pleasing. Over 1000 people were present.

AMALGAMATED CLUBS DINNER.

At eight o'clock on June 8th the members of the Amalgamated Clubs sat down to a dinner, held in the Venetian Room of the Holborn Restaurant, in celebration of the opening of the Club ground.

It was the first dinner held by the Amalgamated Clubs, and if future dinners are to be so well attended, or to go off with anything like the enthusiasm that this one did, one need have no fear about the *esprit de corps* in the Hospital, or the future of the Amalgamation.

The chair was most efficiently occupied by Dr. SHORE, who after the conclusion of the dinner gave the Royal toast, and then that of the "Amalgamated Clubs of St. Bartholomew's Hospital." Dr. Shore told the company that they themselves were the Amalgamated Clubs, and that in asking them to drink to the Clubs he was asking them to drink to themselves. He told, amidst terrific cheering, how much the present success of the amalgamation was due to the untiring interest and efforts of Mr. Bowlby, the Treasurer of the Clubs. He mentioned the names of the secretaries who had officiated for the amalgamation during the first three years of its existence up to the present time, Mr. W. G. Richards, Mr. H. B. Meakin, and Mr. Henry Bond, and asked that with the toast might be coupled the name of Mr. Bowlby and that of the present Secretary, Mr. Bond.

In replying, Mr. BOWLBY—who was received with a small earthquake—stated that the movement which amalgamated the Clubs, and resulted in the possession of a ground and pavilion, had been initiated entirely by the students themselves; they had then approached the Staff, who had been only too glad to render whatever assistance they could. He considered that the main difficulty in the way of their procuring a ground had been removed by Mr. Willett; for when he and Dr. Shore, as President and Treasurer of the Clubs, had decided that the Winchmore Hill ground was in every way suited to the requirements of the Clubs, they had approached Mr. Willett, as Treasurer of the Medical School, with a view to arranging the financial difficulties. Mr. Willett, contrary to the custom of most treasurers when asked to spend money, said, "There's no difficulty;" and with the help of certain other members of the Staff who formed the "Ground Committee," an arrangement was made by which certain school moneys should be invested in the ground, the Amalgamated Clubs paying the interest in the shape of an annual rent.

Mr. HENRY BOND said that the amalgamation of the Clubs had always been incomplete until the acquisition of a club ground. The possession of a ground was certain to do much to improve the athletics of the Hospital. Already out of the four great Inter-Hospital Competitions, Rugby, Association, Cricket, and Athletics, Bart.'s was champion of two of them, holding the Association Challenge Cup and the Athletic Challenge Shield. The last year's cricket team had shown themselves well to the front, and the Rugby in drawing with St. Thomas's, the winners of the Cup, had proved themselves worthy of the Hospital. He hoped that in the Cricket Competition soon to begin, and in the Rugby Competition next season, they would do still better.

Mr. H. B. MEAKIN proposed "The Old Bart.'s Men." It had been said that Bart.'s men were more proud of their Hospital than the men of any other medical school; this had been characterised as unwarrantable conceit. Every time he went into the Great Hall, and looked at the portraits of those who had contributed to the honour and glory of the Hospital, he felt proud that he belonged to a hospital with such noble traditions.

The reputation of the Hospital depended upon three factors: first, upon the prestige handed down by those who had during their lives done work which would never be forgotten, and some of whose portraits were now hanging in the Great Hall; secondly, upon the thoroughness of the work done in the Hospital and School, and the efficiency of those in whose hands the control lay; but mainly upon

the third factor—the great army of old Bart.'s men who represented the Hospital in every corner of the world.

In every branch of the profession Bart.'s men were well to the front. He mentioned Sir James Paget among surgeons. The English nation was proud that Surgeon-Captain Whitchurch, who behaved so gallantly in the Chitral siege, was an Englishman, but we were even more proud because he was a Bart.'s man. In cricket Dr. Grace, a Bart.'s man, stood alone in a class that had no second name. The old Bart.'s men had always taken the greatest interest in the amalgamation of the Clubs, and he asked the Clubs to drink "Prosperity and Unity to old Bart.'s men:" he coupled with the toast the names of Dr. W. G. Heasman, who captained the "Past" cricket team, and Dr. C. O'B. Harding, who captained the Rugby team the last time they won the Hospital cup.

Dr. HEASMAN said the new ground was far superior to anything that had been even dreamt of in his student days. He considered it amongst the best grounds in the neighbourhood of London, and complimented the Club upon the excellence of the Pavilion. Speaking of the Past *v.* Present match, he said it would as a regular fixture do much to unite past and present Bart.'s men, and he hoped the amalgamation of the Clubs might spread to the amalgamation of all old Bart.'s men in the country.

Dr. HARDING objected to the appellation *old* Bart.'s men; they were Bart.'s men, and would be Bart.'s men as long as they lived. In one's student days there was, he said, plenty of time for work and for sports of all kinds. Without plenty of physical excercise health could not be maintained, and without health good mental work could not be done. Referring to the new Directory of Bart.'s men, he thought it would do much in keeping Bart.'s men together, since when patients moved from one part of the country to another, one could find out what Bart.'s men were near and recommend them.

Mr. FURNIVALL, in proposing "The Staff," said that the Staff were always ready to help forward the athletics of the Hospital, because they were all "sportsmen." In evidence of this he reminded men that the Staff have for several years played the students annually at golf.

Dr. CHURCH replied to the toast, on behalf of the Medical Staff, saying that the dinner not only marked the opening of the ground, but the drawing closer of the union between past and present students. He was followed by Mr. SMITH, for the Surgical Staff, who commented on the new relation between the Staff and students—namely, that of landlords and tenants.

Mr. WILLETT proposed "The Chairman," and described how Dr. Shore's biological researches had first led him to visit Winchmore Hill, where he had noticed the ground which the Clubs now possessed.

Mr. Willett read a message from Mr. Luther Holden, expressing his regret that he could not be present, and concluding with "Say God-speed to them, and may they all prosper. Give them my blessing: the blessing of an old man of seventy can't harm them."

Dr. SHORE said that he was proud to have presided over the first dinner of "Past and Present Students," and he trusted that many similar dinners would follow in the years to come.

Interspersed among the speeches was the following music:

Overture	...	Popular Airs	Mr. JOHN EDGAR.
Musical Varieties	...	(S. Gibson)	Mr. STANLEY GIBSON.
Violin Solo	...	"Reverie" (*Vieuxtemps*)	Dr. HAYDON.
Song	...	"It ain't all Lavender"	Mr. C. G. MEADE.
Song	...	"Nancy Lee"	Mr. D. L. E. BOLTON.
Song	...	"Ho! Jolly Jenkin!"	Mr. J. W. NUNN.

The evening concluded with "God save the Queen" and "Auld Lang Syne." 150 men were present.

Athletic Sports.

THE Athletic Sports came off at Stamford Bridge on Friday, June 7th, and as regards performances were no doubt successful enough, but the attendance of "Bart.'s" men can only be characterised as absurd, and such slackness in supporting the most successful club in the Hospital is most strongly to be condemned. There were many more ladies than men present, which is only another instance of the advancing female. We were particularly unfortunate, in that C. V. Cornish was unable to compete, owing to an accident to his knee which in all probability will prevent him representing us in the United Sports on the 19th of this month. Mason, too, was far from well, and indeed was in two minds about running until the last moment; he managed, however, to carry off both the quarter and the half in fairly creditable time.

P. W. James, much to our astonishment, is developing into a first-class "sprinter," and the way he won the 120 yards handicap from the 4 yards mark was really most surprising. Hay competes in too many events to be successful, and he must improve on his running in the half if he wishes to retain possession of the United Cup. Bennett's performance in the weight was excellent, and he ought to be sure of this event on the 19th.

Mr. Walsham, the President, gave a handsome carriage clock as a prize for the 100 yards scratch; it now tells Woodbridge when it is time for him to start for that everlasting 9 o'clock lecture.

Mrs. Walsham kindly gave away the prize at the end of the day, amidst the enthusiastic cheering of the friends of the lucky competitors.

The London Victoria military band played throughout the afternoon, and afterwards most of them competed in a highly amusing bandsmen's race, 200 yards. We must not conclude before mentioning the grand running of Wilkins in the mile strangers' race; starting from virtual scratch, he ran

strongly throughout, just winning from Crowhurst by about one yard.

100 YARDS SCRATCH RACE.—E. W. Woodbridge, 1; J. W. Nunn, 2; A. Hay, 3. Won by a foot, one yard between second and third. Time, 10⅘ secs.

HALF-MILE HANDICAP.—S. Mason, 5 yards, 1; A. L. Vaughan, 35, 2; A. Hay, scratch, 3; P. W. James, 10, 0; H. N. Marrett, 35, 0. Mason took the lead 200 yards from home, and although tiring rapidly, managed to win a good race by a yard. Time, 2 min. 3⅘ secs.

120 YARDS HANDICAP.—P. W. James, 4 yards, 1; J. W. Nunn, 3, 2; E. W. Woodbridge, 4, 3; J. B. Cautley, 5, 0. Won easily. Time, 12⅘ secs.

HIGH JUMP.—H. Butler, receives 3 in., 5 ft. 4¼ in., 1; G. W. Stone, 1 in., 5 ft. 5 in., 2; S. F. Smith, scratch, 5 ft. 5 in., 3; H. W. Pank, 1 in.; J. B. Cautley, 3 in.

120 YARDS HURDLE HANDICAP.—E. W. Woodbridge (owes 15 yards), 1; J. W. Nunn (owes 5 yards), 2; S. F. Smith (owes 5 yards), 3. Won easily. Time, 20⅘ secs.

LONG JUMP.—J. B. Cautley, receives 18 in., 19 ft. 11 in., 1; E. G. Simmonds, 36 in., 19 ft. 11 in., 1; J. W. Nunn, scratch, 19 ft. 8 in., 3; E. J. Deck, C. T. Price.

QUARTER-MILE CHALLENGE CUP (presented by Mr. Harrison Cripps). Holder, C. V. Cornish, retired.—S. Mason, 1; P. W. James, 2; A. Hay, 0; S. F. Smith, 0; H. N. Marrett, 0. Mason made all the running, and won easily by 3 yards. Time, 55⅕ secs.

PUTTING WEIGHT.—W. F. Bennett, scratch, 36 ft. 8 in., 1; B. Rowlands, receives 5 ft., 31 ft. 11 in., 2; E. J. Deck.

HAMMER.—W. F. Bennett walked over.

ONE MILE HANDICAP.—A. L. Vaughan, 60 yards, 1; H. C. Howell, 80, 2; H. G. Pinker, 50, 0; W. J. Storrs, 75, 0; R. Storrs, 75, 0; C. T. Price, 100, 0. Won very easily. Vaughan going ahead soon after the start, and running well, finished nearly 70 yards ahead of second. Time, 4 min. 37⅘ secs.

FRESHERS' RACE (220 yards level).—E. Wethered, 1; A. J. Wells, 2; H. N. Marrett, 3. Won easily by 15 yards. Time, 26 secs.

ONE MILE STRANGERS' HANDICAP.—E. J. Wilkins, L.A.C., 25 yards, 1; W. W. Crowhurst, L.A.C., 160, 2; J. E. Dixon, L.A.C., 270, 3; F. A. Cohen, L.A.C., 80, 0; W. Baker, L.A.C., 165, 0; E. D. Dixon, L.A.C., 195, 0; G. F. Crisp, L.A.C., 225, 0. H. A. Munro figured at scratch, but did not start. At a quarter of a mile the order had not changed, at three-quarters Wilkins had run into fourth place behind the two Dixons and Crisp, and getting on terms with the leaders at the top of the straight eventually won a good race by a yard, 10 yards between second and third. Time, 4 min. 27⅘ secs.

The BANDSMEN'S RACE was won by Drummer Weaver, with Stone second. The distance was 200 yards, and Weaver had 80 yards. Each man carried his instrument.

The Lay of the Royal British Nurses' Association.

"MEDICAL practitioners . . . tell of interferences practised . . . sometimes by highly trained nurses. . . . The highest outcome of her life; by that I mean matrimony. . . . I bid you be ready for it when a good opportunity offers. The veil . . . is a part of the costume I cannot understand. . . . I would abolish it."—Extracts from *The Modern Trained Nurse*, an address delivered by Sir Dyce Duckworth, March 15th, 1895.

Duckworthius of Grafton Street, by his own head he swore
That the great staff of nurses should air themselves no more;
By his own head he swore it, and called the B. N. A.,
And bade their secretary send forth
East and west, and south and north,
To summon their array.

East and west and south and north the secretary sends fast,
To every London hospital the summons has been passed;
Shame on the gay probationer who lingers far away!
For Dycius Duckworthius is on the stump to-day.

Now nurses and probationers are gathering to the show,
From hospitals and institutes and dwellings high and low;
From many a peaceful dormitory where, banished from the light,
Poor nurses snore the day away and rise to work at night.

From lordly St. Bartholomew's, where frowns the far-famed hold,
Piled by the hands of Rahere for ailing poor of old;
From Guy's and Metropolitan, from London and the West,
St. George's and St. Thomas's, Mary's, and all the rest.

From Addenbrooke's, far distant, queen of the Camus waves,
Where ride the light blue coaching tubs, heavy with toiling slaves;
From where old Isis rolls along 'mid woods and fields and flowers,
And Cherwell wanders pleasantly by many shady bowers.

And now the thronging multitude has somehow crowded in,
Packed tight as herrings in a box, or sardines in a tin;
Staff nurses clad in stripes and belts, ward sisters clad in blue,
Nurses who've done a four years' course, nurses who've done but two.

Nurses in cloth, nurses in prints, nurses in common frocks,
Matrons and young probationers, with curly flaxen locks;
Last, very much *de trop* 'mid all that petticoat array,
A long-legged trousered animal, the author of this lay.

Now the chairman's brow was clear, and the chairman's speech was bright,
Smiling he gazed upon those rows of caps and aprons white;
Quoth he, "The Speaker of to-night, behold! to you I show;
I will not tell you who he is, because—you ought to know."

Then out spoke brave Sir Dycius, "A fearful thing I'm told,
That you defy the doctor's rule! How could you be so bold?
One remedy there is for all, this is what you must do:
Go, get you married—that will take the nonsense out of you!

"One word I add, your uniform is tidy, clean, and neat;
It makes the dullest face look bright, the homeliest look sweet;
But that strange thing you call a veil I cordially hate,
Take my advice and cut it off before it is too late!"

Answered a member elderly, "With you I quite agree;
The veil is bad, and wedded life is just the life for me."
Out spoke a matron roundly, "'Tis patent to the blind,
If all on honeymoons decamp, none will be left behind!"

This stubborn argument, alas! left nothing to be said;
Night nurses now began to yawn, and wish they were in bed.
Straightway adown the narrow stair winds all that great array,
And the whole flock of nursing stock slips silently away.

So in long winter evenings of happy years to come,
When work is o'er, and that night-bell is fortunately dumb,
When the good man writes his case-book up, and reads the local news,
And the good wife, nurse-like, busily is knitting baby's shoes;
When boys and girls by loving hands are safely tucked in bed,
And babes no more pull mother's hair, nor thump poor father's head;
When the oldest smoking coat is donned, and the largest pipe is lit,
Old faces of the Hospital will through the firelight flit;
And then with joy and thankfulness will be the story told
How bold Sir Dycius bade them wed in the brave days of old.

Dedicated to certain of my late colleagues, with many apologies to Sir Dyce Duckworth, by L. L. T. A.

Examinations.

AT THE PRIMARY FELLOWSHIP F. E. Scrase, L.R.C.P., M.R.C.S., T. H. R. Smith, L.R.C.P., M.R.C.S., M. G. Dyson, G. R. Fox, L.R.C.P., M.R.C.S., H. Mundy, J. H. Churchill, J. F. Wood, L.R.C.P., M.R.C.S., E. H. E. Hewer, W. E. Bennett, L.R.C.P., M.R.C.S., J. L. Dick, M.B.(Ed.), L.R.C.P., M.R.C.S., and T. H. Molesworth have passed.

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IN THE FINAL L.S.A. G. H. Smith has passed in Surgery and Forensic Medicine, R. A. Fegan has passed in Surgery, and A. C. Fenn has passed in Medicine.

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IN THE FINAL F.R.C.S. nine out of the ten Bart.'s men who went up have been successful, viz.: F. H. Marson, P. R. Cooper, P. Furnivall, N. O. Wilson, R. Michell, H. J. Walton, J. S. Sloane, W. E. Bennett, and J. P. Wightman. Only twenty-six have been successful out of the total number of candidates (forty-three). Thus the percentage of passes from Bart.'s is much above the average, and of the new Fellows over one third are our men.

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AT THE FINAL M.B. (LONDON) J. O. Harvey and W. H. Pollard have passed in the first division, and F. M. Burnett, A. W. R. Cochrane, and G. N. O. Slater have passed in the second division.

Appointments.

HOWARD MARSHALL, M.A., M.B., B.C.Cantab., to be Assistant House Surgeon to the Nottingham General Hospital.

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EMERY, W. D'ESTE, M.R.C.S., L.R.C.P., B.Sc.Lond., has been appointed House Physician to the Queen's Hospital, Birmingham.

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WALLIS, FRED. C., M.B., B.C.Cantab., F.R.C.S., has been appointed Surgeon to the out-patients at Paddington Green Children's Hospital.

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FLETCHER, H. M., M.D., has been appointed Physician to out-patients at the Shadwell Hospital for Children.

Reviews.

THE DEFORMITIES OF THE HUMAN FOOT, WITH THEIR TREATMENT, by W. J. Walsham and W. Kent Hughes (London, Baillière, Tindall, and Cox, pp. 550, with 301 illustrations, price 18*s*.).—Upon the experience which has been gained in the Orthopædic Department of St. Bartholomew's Hospital during the past thirteen years the present monograph has been based. The book is divided into sixteen chapters, the first of which gives a clear and comprehensive account of the anatomy and mechanism of the normal foot. The next twelve chapters are devoted to the consideration of the different varieties of talipes, their symptomatology, pathology, and treatment. In the discussion of the ætiology of congenital talipes varus the various theories which have been proposed are considered, but the authors incline to the belief that the mechanical theory is the correct one, although they say that none of the theories are capable of being proved. In Chap. IV a most excellent account of the anatomy of congenital varus is given, which is founded upon a number of dissections which have been done by the authors.

The last three chapters contain an account of the different deformities of the toes, and the operative and mechanical measures which are practised for their cure.

In our opinion the present volume is one of the most important additions which have been made to orthopædic literature of recent years. It also shows that if the so-called special departments are well worked in a large general hospital, the special hospitals can scarcely be considered necessary, since everything which can be done in them can be done as well or better in a general hospital.

A MANUAL OF GYNÆCOLOGICAL PRACTICE FOR STUDENTS AND PRACTITIONERS, by Dr. A. Duhrssen, translated by Taylor and Edge (cr. 8vo, pp. 260, with 120 illustrations; London, H. K. Lewis, price 6*s*.).—This book is a translation of a small text-book of gynæcology which has been popular in Germany for the past four years, during which time it has passed through four editions. It presents a concise account of gynæcology as it is taught at the Clinic of Professor Gusserow in Berlin. Some of the methods of treatment differ considerably from those which are practised in most of the London hospitals. On this account it will not be wise for a student to make this his only text-book in gynæcology, but the volume is well worth reading, as it contains a large amount of valuable information. The translation is not very well done; there are too many long and complicated sentences, which have been translated almost literally from the German text.

INDEX OF MEDICINE, by Seymour Taylor, M.D. (cr. 8vo; London, Smith, Elder, and Co., price 12*s*. 6*d*.).—Though by no means one from which to *read* medicine, this book exactly answers to the description on the title-page, "An Index of Medicine for the Use of Senior Students." Each subject is treated as briefly as is consistent with the purpose of the book, and it is indeed surprising how many facts the author manages to get into so little space. The diseases, in the majority of cases, are discussed on the following plan—definition, causation, pathology, symptoms, diagnosis, prognosis, and treatment,—and in such a way as to enable a student when first meeting with a disease to get a complete idea of it in the shortest possible time.

To men who are working in the wards, and have no time to read the larger books on medicine, the "Index" will be of great service, and we confidently recommend it.

SURGICAL PATHOLOGY AND MORBID ANATOMY, by Anthony A. Bowlby, F.R.C.S. (third edition, 1895, 640 pages, with 183 illustrations; London, J. and A. Churchill).—In this, the third edition of Mr. Bowlby's book, several additions and improvements have been made. The size of the page has been increased, making it uniform with the new edition of Walsham's Surgery. Several new chapters have been added, which bring the book up to date; thus Achondroplasia is considered, and a full-page illustration is given of it. The number of illustrations has been increased from 158 to 183, most of them having been drawn by Mr. Mark. Dr. Kanthack has rewritten Chapter III, on "Micro-organisms in their Relation to Pathological Processes," and has added information on bacteriology in other chapters where it has been considered requisite. During the past few years surgery has made considerable advances, especially in the treatment of abdominal affections, and on this account we think that short chapters upon the pathology of the spleen, pancreas, biliary system, and the diseases of the umbilicus might have been introduced with advantage. We have no doubt that the present edition will be as popular with students as the former ones, and strongly recommend them to make themselves masters of it before going up for their final examinations in surgery.

SURGICAL DISEASES OF CHILDREN, AND THEIR TREATMENT BY MODERN METHODS, by D'Arcy Power, M.A., M.B.Oxon., F.R.C.S. (cr. 8vo; London, H. K. Lewis, price 6*s*.).—Mr. D'Arcy Power is to be congratulated upon this volume. The book deals with a subject which is of the greatest importance, yet rarely recognised as such. There are many points in which surgery of the adult is not surgery of the child; these points are well brought out in Mr. D'Arcy Power's book, and stress is laid upon those diseases which are especially common among children. Thus tuberculous disease is carefully described in its many varieties, and the treatment clearly explained. The author impresses on the reader the necessity of treating tuberculous abscess as *infective*, and guarding against infection of the surrounding tissues, and the causation of tuberculous disease of the skin. We are glad, too, to see that he condemns the use of drainage-tubes as a general practice.

His concluding remark when speaking of psoas abscess we think worth quoting; the same sentiment may be applied with advantage to many other surgical methods which are at present ineffectual.

"The treatment of psoas abscess in this stage is still unsatisfactory. Such improvements, however, have recently been made in our methods of treating these conditions that we need have no fear that we have arrived at the end of our surgical resources, but we may feel assured that in due time a satisfactory cure will be found even for the last stage of a loculated psoas abscess."

The antitoxin treatment of diphtheria, though scarcely a "surgical" method, is fully described. The morbid anatomy of hernia, with the indications for and against operative procedure, are well done, as also is the description of cranio-topography in children; but in dealing with burns the author could well have added some details as to the constitutional treatment of the resulting shock and reaction.

The subjects dealt with are well classified, and the book is written in a style that is pleasant to read; no one will regret the hours spent in its perusal.

Births.

BRINTON.—May 26th, at Queen's-gate-terrace, S.W., the wife of Dr. Roland Danvers Brinton, of a son.

RUSHWORTH.—May 24th, at Langdale, Goldhurst-terrace, Hampstead, the wife of Frank Rushworth, M.D., of a daughter.

Death.

DAWSON, Dr. W. H., at Malvern, on February 10th.

ACKNOWLEDGMENTS.—*Guy's Hospital Gazette, St. Thomas's Hospital Gazette, St. George's Hospital Gazette, St. Mary's Hospital Gazette, Magazine of London School of Medicine for Women and Royal Free Hospital. Deformities of the Human Foot, with their Treatment*, by W. J. WALSHAM, F.R.C.S., and W. KENT HUGHES, M.B.Lond., M.B.Melb., M.R.C.S., price 18*s*. (Baillière, Tindall, & Cox). *Surgical Pathology and Morbid Anatomy*, by ANTHONY A. BOWLBY, F.R.C.S., 3rd edition (J. & A. Churchill). *The Eye in its Relation to Health*, by CHAS. PRENTICE, M.D.Chicago (Bristol, J. Wright & Co., 1895, price 6*s*.). *A Manual of Gynæcological Practice for Students and Practitioners*, by Dr. A. DUHRSSEN, translated by Taylor and Edge (cr. 8vo; London, H. K. Lewis, price 6*s*.). *The Surgical Diseases of Children, and their Treatment by Modern Methods*, by D'ARCY POWER, M.A., M.B.Oxon., F.R.C.S. (cr. 8vo; London, H. K. Lewis, price 6*s*.). *Annual Report of the Medical Officer of Health for the Vestry of St. George the Martyr* (F. J. Waldo, M.A., M.D.Cantab., D.P.H.). *Index of Medicine*, by SEYMOUR TAYLOR, M.D. (cr. 8vo; Smith, Elder, & Co., London).